New Client Intake Form

Purpose of This Form

uses this form to understand my goals, my relevant health history and any factors that could affect the services I receive. The information I provide helps plan safe, appropriate sessions and decide whether a referral to another professional is needed.

My Goals

I will describe, in the space provided or during my first session, what I hope to achieve by working with , any previous experience I have with similar services, and anything that has or has not worked for me in the past. I understand that clear goals help tailor its services, and that I can update them at any time.

Health Disclosure

I confirm that the health information I provide on this form is complete and accurate to the best of my knowledge. In particular, I will disclose:

- current medical conditions, injuries or chronic pain;
- recent surgeries, hospital stays or ongoing treatment;
- medications and supplements I take regularly;
- allergies or sensitivities, including to products, foods or materials;
- pregnancy or the possibility of pregnancy; and
- any condition for which my doctor has advised me to limit activity or avoid certain treatments.

I understand that withholding or misstating information could affect my safety and the suitability of the services. I will inform promptly if my health, medications or circumstances change.

Scope of Services

I understand that provides the services described on its website or in its service menu. Unless is expressly licensed to do so and tells me so, does not diagnose illness, prescribe medication, or provide medical, psychological or legal treatment, and its services are not a substitute for care from a licensed physician or other qualified professional. If I have concerns about my health, I will consult an appropriate provider.

Consent to Services

I voluntarily consent to receive the services I book with . I understand that will explain what each service involves, and that I may ask questions, decline any part of a service, or stop a session at any time. I understand that results vary from person to person and that does not guarantee any specific outcome. may decline or end a service if it believes continuing would be unsafe or inappropriate.

Cancellation Policy

I understand that reserves time specifically for my appointments. I agree to the following:

- I will give at least [24/48] hours' notice to cancel or reschedule an appointment.

- Late cancellations or missed appointments may be charged [a fee of $__ / the full session price / one session from my package].
- If I arrive late, my session may be shortened so that the next client is not delayed, and the full price may still apply.
- may cancel or reschedule if necessary and will offer an alternative time or a refund for prepaid sessions.

Payment

I agree to pay for services at the rates in effect at the time of booking, and I understand that packages and memberships are subject to their own terms of purchase and expiry.

Communication

I agree that may contact me by email, phone or text message about my appointments, forms and account. I understand that I can ask to stop non-essential messages at any time, and that marketing messages are only sent if I have separately opted in.

Privacy

will keep the information on this form confidential and use it only to provide and improve my services, communicate with me about appointments, and meet its legal obligations. will not sell my personal information. It will share my information only with my consent, with service providers who help it operate (such as scheduling and form software) under confidentiality obligations, or where required by law or necessary to protect my health or safety in an emergency.

I may ask to see, correct or delete the information I have provided, subject to any records must keep by law.

Emergency Contact

In an emergency, I authorize to contact the emergency contact I have listed and to call emergency services on my behalf. I am responsible for the cost of any emergency treatment or transport.

Release

To the extent permitted by law, I release from liability for any harm that results from information I did not disclose or disclosed inaccurately, or from the ordinary, inherent risks of the services I choose, except in cases of gross negligence or willful misconduct. This form is governed by the laws of the state or country in which operates, and an electronic signature on it has the same effect as a handwritten one.

Acknowledgment

I have read and understood this intake form. The information I have given is accurate, and I agree to the terms above.

Please initial each statement

___ The health information I have provided is complete and accurate, and I will update {{business}} if anything changes.

___ I understand {{business}} does not provide medical diagnosis or treatment unless expressly licensed and stated.

___I agree to the cancellation and late-arrival policy described in this form.

___I consent to {{business}} storing and using my information as described in the privacy statement.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Signature